**Somatic Healing Journeys Questionnaire**

**Please note: The information you provide here is protected as confidential information.**

**Name:** Click or tap here to enter text.

(Last, First, Middle Initial)

**Name of parent/guardian (If under the age of 18.)** Click or tap here to enter text.

 (Last, First, Middle Initial)

**Birth Date:**Click or tap here to enter text. **Age:** Click or tap here to enter text.

**Gender:** [ ] Male [ ] Female [ ]  Prefer not to disclose

**Are you adopted or ever been in foster care?** [ ] Yes [ ]  No

**Marital Status:**

[ ]  Never Married [ ]  Domestic Partnership [ ]  Married [ ]  Separated [ ]  Divorced [ ]  Widowed

**Please list any children/age**: Click or tap here to enter text.

**Address:** Click or tap here to enter text.

 (Street and Number)

 Click or tap here to enter text.

 (City, State, Zip)

**Best Phone Number:**Click or tap here to enter text. **May we leave a message?** [ ] Yes [ ]  No

**\*Please note: Email correspondence is not considered to be a confidential medium of communication.**

**Referred By (If any)** :

**Have you previously received any type of mental health services: (psychotherapy, psychiatric services, etc.):** [ ] Yes [ ]  No

**Previous therapist/practitioner if applicable**: Click or tap here to enter text.

**Are you currently taking any prescription medication?** [ ]  Yes [ ]  No

**If yes, please list**: Click or tap here to enter text.

**Have you ever been prescribed psychiatric medication?** [ ]  Yes [ ]  No

**If yes, please list:** Click or tap here to enter text.

**GENERAL HEALTH AND MENTAL HEALTH INFORMATION**

1. **How would you rate your current physical health?**

[ ]  Poor [ ]  Unsatisfactory [ ]  Satisfactory [ ]  Good [ ]  Very Good

 **Please list any specific health problems you are currently experiencing:**

 Click or tap here to enter text.

1. **How would you rate your current sleeping habits?**

[ ]  Poor [ ]  Unsatisfactory [ ]  Satisfactory [ ]  Good [ ]  Very Good

**Please list any specific sleep problems you are currently experiencing:**

Click or tap here to enter text.

1. **How many times per week do you generally exercise?** Click or tap here to enter text.

What types of exercise do you participate in? Click or tap here to enter text.

1. **Please list any difficulties you experience with your appetite or eating patterns.**

Click or tap here to enter text.

1. **Are you currently experiencing overwhelming sadness, grief or depression?**

[ ]  Yes [ ]  No

1. **Are you currently experiencing anxiety panic attacks or have any phobias?**

[ ]  Yes [ ]  No

1. **Are you currently experiencing any chronic pain?**

[ ]  Yes [ ]  No

If yes, please describe: Click or tap here to enter text.

1. **Do you drink alcohol more than once a week?**

[ ]  Yes [ ]  No

1. **How often do you engage in recreational drug use?**

[ ]  Daily [ ]  Weekly [ ]  Monthly [ ]  Infrequently [ ]  Never

1. **Are you currently in a romantic relationship?**  [ ]  Yes [ ]  No

If yes, for how long? Click or tap here to enter text.

On a scale of 1-10, (10 being the best) how would you rate your relationship?

Click or tap here to enter text.

1. **What would need to happen to make it a 10?** Click or tap here to enter text.
2. **What significant life changes or stressful events have you experienced recently:**

Click or tap here to enter text.

**FAMILY MENTAL HEALTH HISTORY**

**In this section below identify if there is a family history of any of the following.**

**Please mark the box, and if yes, list the relationship to you. (Indicate whether biological or adoptive if applicable.)**

Alcohol/Substance Abuse: [ ]  Yes [ ]  No Click or tap here to enter text.

Anxiety: [ ]  Yes [ ]  No Click or tap here to enter text.

Depression: [ ]  Yes [ ]  No Click or tap here to enter text.

Domestic Violence: [ ]  Yes [ ]  No Click or tap here to enter text.

Eating Disorders: [ ]  Yes [ ]  No Click or tap here to enter text.

Obesity: [ ]  Yes [ ]  No Click or tap here to enter text.

Obsessive Compulsive Behavior: [ ]  Yes [ ]  No Click or tap here to enter text.

Schizophrenia: [ ]  Yes [ ]  No Click or tap here to enter text.

Suicide Attempts: [ ]  Yes [ ]  No Click or tap here to enter text.

**ADDITIONAL INFORMATION**

1. **Are you currently employed?**  [ ]  Yes [ ]  No

If yes, what is your current employment situation? Click or tap here to enter text.

What do you like best about work? Click or tap here to enter text.

What do you like least about your work? Click or tap here to enter text.

1. **Do you have a spiritual or religious orientation?** [ ]  Yes [ ]  No
2. **What do you consider to be some of your strengths?**

Click or tap here to enter text.

1. **What do you consider to be some of your weaknesses?**

Click or tap here to enter text.

1. **What would you like to accomplish out of our work together?**

Click or tap here to enter text.

**GETTING TO KNOW YOU**

**Note: Some of the questions in his section may seem repetitious. Answer to the best of your ability.**

1. **What are your hobbies?**

Click or tap here to enter text.

1. **What do you do for fun?**

Click or tap here to enter text.

1. **On a scale of 0-10 (10 being best) how would you rate your self-confidence?**

**Overall confidence:** Click or tap here to enter text.

 **Your outer confidence:** Click or tap here to enter text.

 **Your inner confidence:** Click or tap here to enter text.

**Your childhood:** Click or tap here to enter text.

**Your teenage years:** Click or tap here to enter text.

**Your current situation:** Click or tap here to enter text.

1. **As a child, what did you want to ‘be’ when you grew up?**

Click or tap here to enter text.

1. **What was/is your favorite fairytale story, or movie?**

Click or tap here to enter text.

1. **Who stands out as a hero to you, dead, alive, fictional or non-fictional and why?**

Click or tap here to enter text.

1. **What is your order of birth among your siblings if any?**

Click or tap here to enter text.

1. **When growing up how was dinner time at your house?**

Click or tap here to enter text.

1. **If you had a magic wand and could fix anything in your past or present, what would it be?**

Click or tap here to enter text.

1. **How long have you wished for the above?**

Click or tap here to enter text.

1. **What outcome(s) would you like to create with our work together?**

Click or tap here to enter text.

1. **On a scale of 0-10 (10 being highest) how important is accomplishing the above matter(s) to you now?**

Click or tap here to enter text.

1. **How will your life be better when you attain your desired outcome(s)?**

Click or tap here to enter text.

1. **Describe yourself and your life as if you’d already accomplished your plans? What would it look like?**

Click or tap here to enter text.

1. **Have you used hypnosis or guided imagery before? If yes, what for and how did you go?**

Click or tap here to enter text.

1. **If you could be, do or have anything, without needing to be practical or realistic, what would it be?**

Click or tap here to enter text.

1. **Without thinking about it, please finish this sentence: “I don’t want to attain my desired outcome because…” (State as many reasons as possible.)**

Click or tap here to enter text.

1. **If we could produce a miracle for you in our work together, what might that be?**

Click or tap here to enter text.

1. **What’s the number one question you could ask me that would allow you to know that this was a beneficial program for you?**

Click or tap here to enter text.

1. **Is there anything else you would like me to know?**

Click or tap here to enter text.